

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
ACRAMENTO, CA 95814

December 18, 1987

TO: All County Welfare Directors
All Administrative Officers

Letter: 87 - 68

SUBJECT: AIDS PRESUMPTIVE DISABILITY,
REVISED FORM DHS 7035 (10/87)

Effective September 1, 1987, the Center for Disease Control (CDC) revised the criteria used for identifying and documenting the presence of acquired immunodeficiency syndrome (AIDS). Based on CDC's revised criteria, the Social Security Administration has further expanded and revised the list of opportunistic infections and other conditions which are recognized as being disabling. As a result of these changes the Medi-Cal presumptive disability criteria for AIDS patients has also been expanded.

Due to the rapid advancement in medical knowledge about AIDS, new and more accurate testing methods are continuously being developed. Should a physician or hospital use a type of test not shown on the DHS 7035 to diagnose AIDS, the test type must be cleared through the DHS Eligibility Branch prior to the county establishing presumptive disability. Approved new testing methods will be included in future revisions of the DHS 7035.

Alterations, deletions, substitutions or additions (except test results as approved by DHS) to the criteria shown on the form are not acceptable for presumptive disability. Applicants must meet the exact criteria shown or disability cannot be established until after disability evaluation has been completed. Please note that no change has occurred to authorize AIDS Related Complex (ARC) to be considered presumptively disabling.

The revised DHS 7035 is now available in the warehouse. Destroy all old stock and begin using the new form immediately.

If you have any further questions, please contact Sandy Poindexter at (916) 324-4966.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

All County Welfare Directors
All Administrative Officers
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Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 10, 1988

MEDICAL VERIFICATION—AIDS

Patient's Name: _____ SSN: _____

- I. I have examined the above named patient and diagnosed his/her condition as Acquired Immunodeficiency Syndrome (AIDS).
☐ Yes ☐ No
- II. This diagnosis has been confirmed by clinical findings and reliable, currently accepted tests.
☐ Yes ☐ No
- | | | |
|--|-----------------------------------|-----------------------------------|
| A. Skin Testing—Anergic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. T-Cell Ratio Abnormal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. HIV Antibody Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. HIV Culture | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative |
| E. Lymphocyte subpopulation study shows immune system deficiency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Enzyme linked immunosorbent assay: Reactive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- III. In addition, the above-named patient suffers from the following condition:
- ☐ 1. Cryptosporidiosis, intestinal, causing diarrhea for over one month
 - ☐ 2. Pneumocystis carinii pneumonia (on histology, or microscopy of a "touch" preparation, bronchial washings, or sputum)
 - ☐ 3. Strongyloidosis, causing:
 - ☐ (a) Pneumonia
 - ☐ (b) Central nervous system infection
 - ☐ (c) Disseminated infection (beyond the gastrointestinal tract)
 - ☐ 4. Toxoplasmosis, of the brain
 - ☐ 5. Candidiasis, causing esophagitis
 - ☐ 6. Extrapulmonary cryptococcosis
 - ☐ 7. Mycobacterium avium intracellulare, other mycobacterial species other than bovis, tuberculosis, or lepra, causing disseminated infection (on culture)
 - ☐ 8. Cytomegalovirus, causing infection in internal organs other than liver, spleen, or lymph nodes (on histology)
 - ☐ 9. Herpes simplex virus, causing:
 - ☐ (a) Chronic mucocutaneous infection with ulcers persisting more than one month, or
 - ☐ (b) Persistent esophagitis, pneumonitis or bronchitis
 - ☐ 10. Progressive multifocal leukoencephalopathy
 - ☐ 11. Kaposi's sarcoma
 - ☐ 12. Lymphoma of the brain (primary) in a person under 60 years of age
 - ☐ 13. Disseminated histoplasmosis (not confined to lungs or lymph nodes)
 - ☐ 14. Isosporiasis, causing chronic diarrhea (over one month)
 - ☐ 15. Bronchial or pulmonary candidiasis, diagnosed by microscopy or by presence of characteristic white plaques grossly on the bronchial mucosa (not by culture alone)
 - ☐ 16. Non-Hodgkin's lymphoma of high-grade pathologic type (diffuse, undifferentiated) and of B-cell or unknown immunologic phenotype, diagnosed by biopsy
 - ☐ 17. A histologically confirmed diagnosis of chronic lymphoid interstitial pneumonitis or pulmonary lymphoid hyperplasia in a child (under 13 years of age)
 - ☐ 18. Bacterial infections (multiple or recurrent) of the following types in a child under 13 years of age caused by Haemophilus, Streptococcus (including pneumococcus) or other pyogenic bacteria:

| | |
|--|--|
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Septicemia |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Bone or joint infection |
| <input type="checkbox"/> Abscess of an internal organ or body cavity | |
 - ☐ 19. Coccidioidomycosis (disseminated)
 - ☐ 20. HIV encephalopathy (HIV dementia)
 - ☐ 21. HIV wasting syndrome (involuntary weight loss of more than 10 percent of baseline body weight) caused by:
 - ☐ Chronic diarrhea
 - ☐ Chronic weakness and documented fever

certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

(Physician's Signature)_____
(Date)

This information is confidential and will not be released without the written consent of the patient.